MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

10/587923

FILING DATE

(FOR USE WITH FORM PTO-875)

APPLICANT(S)

SERIAL NO.

CLAIMS

	AS FILED		AFTER 1*AMENDMENT		AFTER 2 MAMENDMENT	
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TOTAL IND.	0	1	3	4	0	•
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TOTAL	0		50		0	
CLAIMS		*******	30		U	

	AS FILED		AFTER 1" AMENDMENT		AFTER 2 ** AMENDMENT	
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TOTAL IND.	0	♥	0	♣	0	
TOTAL DEP.	0	←	4	←	0	4
TOTAL CLAIMS	0		4		0	

PTO - 1360 (REV. 04/2007)

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